

DOCUMENT NUMBER **sdi sample** OF **1**

7. POSITION NUMBER			
AGENCY	UNIT	CLASS	SERIAL
1. complete	complete	complete	complete
2.			

[illegible]

## 11. ADDITIONAL INFORMATION

ISSUE DATE	TIME WORKED	WARRANT OR
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3	24	13	0	3		complete
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[illegible]


[illegible]

10. PAYMENT SHOULD BE			
TYPE	DT	TIME WORKED	TIME/PAGE EXTRACTION

REGULAR	0	9		
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[illegible]

IDL FULL	6		

IDL 2/3	N		
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IDL/S	U		
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SHIFT	CODE	HOURS	SHIFT RATE
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IDL FULL	6		
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[illegible]

SDI SUPPLEMENTATION  
EE RETURNED TO WORK 05/20/13  
EE DUE 9 DAYS REGULAR PAY

		TIME WORKED		TIMEBASE FRACTION
TYPE	PT	DAYS	HOURS	
REGULAR	0	9		
SUPPLEMENTAL		5		

*I hereby certify that the employee named above is entitled to this pay based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this STD 674D, the employee was given a reasonable time to respond.*

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YOUR NAME**  
**(PRINT OR TYPE NAME)**

**13. CONTACT PERSON** (if other than authorized signature)

**COMPLETE IF NEEDED**

**14. TELEPHONE NUMBER**

(999) 999-9999

## 15. EMAIL ADDRESS

## YOUR EMAIL